

Application for Membership in the European Association of Payment Service Providers for Merchants – EPSM

Please return a signed and scanned copy by e-mail (as pdf) to: office@epsm.eu

Short Name: _____

Full Legal Name: _____

Street, No.: _____

ZIP- City: _____

Country: _____

I / We hereby apply to become member of the “European Association of Payment Service Providers for Merchants - EPSM e.V.”, Ludwigstr. 8, 80539 Munich, Germany, registered at Amtsgericht München, VR 18893, according to the current EPSM by-laws and membership fee rules that I have received (also available on the EPSM website). The annual membership fee is currently 1,600.00 Euro per year. I / we agree that the membership can be published by the EPSM. The application is endorsed by two EPSM members. The membership becomes valid after confirmation by an EPSM board member by e-mail, is a continuous membership and is valid until cancelled in writing (including e-mail) by either side.

For a full membership with voting rights:

☐ **I / We hereby certify that more of 50% of our sales revenues in the last financial year have been generated with payment and supporting services billed to merchants.**

I / We hereby authorize the following persons until further written notice to act on behalf of our organisation in all matters concerning the EPSM (with name and function in the organization):

Representative 1: _____ Function: _____

Representative 2: _____ Function: _____

Optional:
Representative 3: _____ Function: _____

On request, the persons will identify themselves to the EPSM-board by a passport or an ID card.

Date, authorised signature(s): _____
(according to the legal registry)

Name(s) in capital letters: _____

Enclosures:

- a) EPSM Contact Form
- b) Copy of the Legal Registry Entry of the Applicant
- c) Company Profile (for distribution to other EPSM members)

Enclosures:

a) **EPSM Contact Form** (can be send also separately in MS Excel- or MS Word-format)

Organisation	(Short Name)	
Status	("voting" or "non-voting")	
Representative 1 :		
Name		
Position	(function/job title)	
E-mail		
Tel.		
Representative 2:		
Name		
Position	(function/job title)	
E-mail		
Tel.		
optional: Representative 3		
Name		
Position	(function/job title)	
E-mail		
Tel.		
Billing Address:		
Full Legal Name	(billing address)	
Billing Name 2	(billing address)	
Street, No.	(billing address)	
ZIP - City	(billing address)	
Country	(billing address)	
Web page	(web page of the member)	
Main Activity	(e.g. acquirer, internet PSP)	

Separate Enclosures:

- b) **Copy of the Legal Registry Entry of the Applicant**
(showing also, who is authorized to sign this EPSM application)
- c) **Company Profile (for distribution to other EPSM members)**
in pdf-format